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Cambridgeshire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge,

For the Year 1928.

CAMBRIDGE :

“ Cambridge Chronicle,” Ltd.,
9, Market Hill.

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GENERAL STATISTICS.

Area (acres)	314,520
Population—Census, 1921	129,602
Estimated 1928 for birth-rate ...	133,510
,, ,, ,, death-rate ...	133,300
Inhabited Houses (1921)	31,790
Families or Separate Occupiers (1921)	32,882
Rateable Value	£907,942
Product of a Penny Rate	£3,285

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

				<i>Total.</i>	<i>Male.</i>	<i>Female</i>
Births.	Legitimate	...	...	1824	915	909
	Illegitimate	...	...	83	46	37
	(Birth Rate 14.3 per 1,000).					
Deaths	...	...	...	1584	841	836
	(Death Rate 11.9 per 1,000).					
Deaths of Women in Child-birth from sepsis	...	...	...	...	...	5
„ „ „ „ other causes	...	...	...	...	...	3
Deaths of Infants per 1,000 births:						
	Legitimate	56	Illegitimate	120.	...	Total 59
Deaths from Measles (all ages)	...	...	...	...	...	--
„ „ Whooping Cough (all ages)	...	...	...	...	...	5
„ „ Diarrhœa (under 2 years)	...	...	...	...	...	9

STAFF.

Whole time officers of the County Council:—

FRANK ROBINSON, M.D., D.P.H., *Medical Officer of Health and School Medical Officer.*

JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

W. PATON PHILIP, M.C., M.B., Ch.B., *Tuberculosis Officer.*

J. C. G. EVERED, L.D.S. (EDIN.), *School Dentist.*

G. G. GALPIN, *Chief Clerk, and Enquiry Officer under the Mental Deficiency Act.*

Services in connection with the County Public Health Department are also rendered by the following:—

L. COBBETT, M.D., F.R.C.S., *Pathologist.*

W. H. HARVEY, M.D., *Bacteriologist.*

MISS E. BILLS, *Superintendent of County Nursing Association, and Inspector of Midwives*

PHYSICAL FEATURES AND SOCIAL CONDITIONS.

Details were given in the Survey Report for 1925.

GENERAL PROVISION OF HEALTH SERVICES.

Details were given in the Survey Report for 1925, and it is only necessary to make special reference to hospitals, maternity homes, and hospital provision for maternity cases.

Isolation Hospitals.—Apart from provision for smallpox there are four hospitals for the isolation of cases of infectious disease, provided by the Cambridge Town Council and by the Councils of the Rural Districts of Chesterton, Melbourn and Newmarket respectively. Annual grants towards the cost of upkeep are made by the County Council except in the case of Chesterton, for which

hospital a lump sum grant towards the original capital cost of construction was made in the first instance. The other three hospitals were inspected during the year and grants approved to the amount of £776.

The Cambridge Isolation Hospital is a permanent structure of 62 beds, accommodating several diseases at once. This hospital also accommodates, for payment, cases from the Rural Districts of Caxton, Linton and Swavesey, which have no hospital, and occasional cases from other Districts. The cellular block enables single cases of differing types of infection to be received, in addition to those which are normally received in larger numbers, such as diphtheria and scarlet fever. Various improvements have been effected during the year.

The Isolation Hospital at Royston serves the Melbourn Rural District in this County jointly with a Hertfordshire District. It is a small permanent structure with one ward pavilion, and therefore has the disadvantage of only being able to accommodate one disease at a time. On air-space it is equivalent to an 8-bed hospital, but can accommodate more on occasion.

Exning Isolation Hospital serves the Newmarket Rural District jointly with a District of West Suffolk. Up to 1928 it was a permanent structure of four small wards, with a separate observation block of two beds. An extension scheme prepared by the Joint Hospital Board and approved by the Ministry of Health for purposes of loan has now been carried out. It provides an additional eight bed cubicle block for patients, and additional accommodation for the nursing and domestic staff, while a watercarriage system of drainage, with septic tank and filterbed, has been substituted for the old earth-closet system. The cost of this scheme, estimated at £7,400, is to be borne by the

Newmarket Urban District Council, from whose area patients have in the past been admitted on a capitation basis. A further improvement contemplated is the extension of the hand laundry, which is at present very limited, and a separate building is being erected for the ambulance.

The Chesterton Rural District is served by the small hospital at Oakington, with a temporary pavilion and a separate permanent building as a home for the nurses. Only one disease can be accommodated at the same time.

Smallpox Hospital.—The one smallpox hospital is an old temporary building provided by the Cambridge Town Council on the outskirts of the borough. It contains 8 beds, and there is provision for expansion. The Town Council have agreed to receive cases from the Rural Districts as far as practicable. This institution will require consideration.

Maternity Homes.—The Nursing Homes Registration Act, 1927, makes it illegal for a Nursing Home to be carried on without registration unless exempted on grounds specified in the Act. It repeals previous legislation, which provided for the registration of Maternity Homes only, and brings all Nursing Homes, whether for maternity cases, general medical and surgical cases or for the senile and infirm, under inspection and control of the County Council. Including Maternity Homes previously registered, and Nursing Homes newly registered in 1928, there are 8 registered Nursing Homes in Cambridge and one in the rural area. One Nursing Home was exempted on the ground that it is not carried on for profit. All Homes were inspected during the year, and no penal action was called for. On application from the Town Council powers of inspection of the Nursing Homes in Cambridge were delegated to that body, subject to annual review by the County Council.

Maternity Hospital.—There is no maternity hospital in the Administrative County. Both Town and County Councils pay for the maintenance of difficult cases in Addenbrooke's Hospital and the former body makes use also of beds in the Cambridge Poor Law Institution. During the year provision was improved by the opening of two new small wards in Addenbrooke's Hospital to accommodate 8 patients. While this is undoubtedly of assistance the County Council have reaffirmed their view that a maternity home of 20 beds with an ante-natal clinic should be provided by the Hospital, and a Conference took place between the County and Hospital Authorities on this point during the year.

The Ely Diocesan Maternity Home receives unmarried expectant mothers for confinement. The County Council pay for the maintenance of certain cases from the rural area, and propose to give similar assistance in connection with the Chase Babies Home which is an extension of this institution.

MIDWIVES ACTS.

The County Council are the Local Supervising Authority for the Administrative County, but to facilitate the working of the Maternity and Child Welfare scheme of the Borough of Cambridge, certain powers and duties under the Midwives Act were delegated to the Town Council prior to the Midwives Act, 1918. The services of the County Council's Inspector of Midwives are utilised for inspection purposes.

During the year, 146 routine visits of inspection were paid to midwives by the Inspector, 24 in Cambridge Borough and 122 in the rural area. Special enquiries to the number of 61 were also made from time to time as occasion arose.

All the practising midwives in the area are trained women. The following is the number who notified their intention to practise in the years specified:—

			<i>Trained.</i>	<i>Untrained.</i>	<i>Total.</i>
January, 1906	...	...	24	42	66
„ 1928	...	...	54	—	54
„ 1929	...	...	50	—	50

Of the 50 midwives who, in January, 1929, notified their intention to practise throughout the year, 8 reside in Cambridge, and 42 in the rural area. Altogether 69 notifications were received during the calendar year 1928, some being due to holiday duty undertaken for District Nurses. With two exceptions, all the trained midwives practising regularly in the rural area are District Nurses.

The County Council gave three nursing scholarships of the value of £75 each during the year, bringing up the number of nurse-midwives whose training has been assisted in this way since 1913 to 40. Maintenance grants to the total amount of £65 were also made during the financial year to three District Nursing Associations in respect of the services of the nurse-midwives in their employ, thus encouraging a general sick nursing service as well as providing midwives for the sick poor in the villages. By this policy, and through the agency of the County Nursing Association, out of 131 rural parishes, with a population of 72,650, the number without the services of a nurse-midwife has been reduced to 19, with a population of 5,738. During the year, at the request of the County Council, the County Nursing Association called a conference at which a scheme for filling the remaining gaps in the service was discussed and provisionally approved.

Apart from intention to practise and change of address, notifications received from midwives numbered 249,

against 273 in 1927. They comprised medical help for mother 189, for infant 36, liability to be a source of infection 10, death of infant 4, still birth 20, laying out the dead 6, and artificial feeding 2. All cases of rise of temperature, infection, inflammation of eyes, death of mother or infant, and still-birth are the subject of enquiry. It may be noted that only one death of a mother was notified in the practice of a midwife, that of 4 deaths of infants 3 were prematurely born, and that of 6 cases of inflammation of the eyes of the infant 4 were slight and all recovered satisfactorily.

The proportion of total births in the Administrative County to which medical aid for mother or infant was summoned by midwives in circumstances of difficulty rose from 5.2 per cent. in 1919 to 12.0 per cent. in 1927, and was 11.8 per cent. in 1928. Excluding infants, the number of mothers thus aided in connection with pregnancy or confinement was 189 in 1928, against 179 in 1927. Claims for payment of the doctor's fee under the provisions of the Midwives Act, 1918, were received in respect of 159 cases out of 225 in which the doctor was summoned to attend either mother or infant, the corresponding figures for the previous year being 180 claims out of 226 cases attended. When practicable some portion of the fee is received from the patient. A grant is made by the County Council to the Surgical Aid Association for the services in assessing and collecting payments in Cambridge Borough.

MATERNITY AND CHILD WELFARE.

The maternity and child welfare scheme for the Borough of Cambridge is administered by the Town Council, and that for the rural area of the County by the County Council.

Cambridge Borough.—Under the Notification of Births Act, 1907, there were notified 850 births, or 98.7 per cent. of the total 861 births registered, against 95.5 per cent. in 1927. Of the total notifications, 70.1 per cent. were received from midwives, 10.3 per cent. from doctors, and 19.6 per cent. from relatives.

The following is a record of the home visits paid by the two Health Visitors:—

First visits to Infants	747
Subsequent visits to Infants	2142
Visits to Children 1-5 years	999
First visits to Expectant Mothers	80
Subsequent visits to Expectant Mothers	34
<hr/>	
Total	4002
<hr/>	

Each of the five Maternity and Child Welfare Centres is in charge of a Lady Superintendent, who is a voluntary worker assisted by other voluntary workers and by one of the Town Council's two Health Visitors. The centres are open weekly and are attended by a doctor fortnightly. During the year 4,632 attendances were paid by 510 infants, and 2,035 attendances by 373 children aged one to five years, again an increase on the record for the previous year. Dried milk (2,702 lbs.), virol, cod liver oil and malt are supplied at the centres at a reduced rate or free, cases being investigated by the Central Aid Society and assessed within a fixed income scale.

Dr. Laird again observes that very few expectant mothers attend either the Welfare Centres or at Addenbrooke's Hospital. Ante-natal visits of midwives to women who have engaged their services average four visits per case.

At the two Mothers' Welfare Centres for instruction, each held weekly, the average attendance is 15 or 16. Instruction to girls in mothercraft is now given in all the girls' schools.

During the year 15 maternity cases were maintained by the Town Council in beds in Addenbrooke's Hospital, and one case in the new maternity ward at the Poor Law Infirmary under an agreement newly entered into.

The Town Council's valuable scheme for dental treatment of mothers and children below school age, under the direction of the Public Dental Officer, includes expectant and nursing mothers in attendance at the Infant Welfare Centres. It aims both at the prevention of dental caries by instructional methods, and at the treatment of developed disease. During the year 72 mothers received treatment, including the provision of dentures, while 354 children were enrolled in the scheme for six-monthly examination and any necessary treatment. The total number of attendances was 1,230, including 738 by children. These figures again show a substantial increase on the previous year's work, and Mr. Grandison is able to report that definite progress is now being made with the pre-school child, the parents appreciating the nature of the work done and its beneficial results.

Rural Districts.—The number of notifications received under the Notification of Births Acts during the year, 1,095, was 90 more than that recorded for the preceding year, births registered as having occurred during 1928 numbering 1,130 against 1,065 in 1927. After deducting 28 duplicates and 30 still-births, there remain 1,037 notified live births, or 94.7 per cent. of the total registered, as compared with 88.4 in 1927.

The tendency for the proportion of notifications (627) by midwives to increase was again observable, 57.3 per cent. of notifications being received from them, against 54.5 per cent. in 1927 and 30.8 per cent. in 1919, having thus almost doubled in ten years time. The proportion of notifications by doctors, 413 in number, showed a corresponding decrease to 37.7 per cent., those received from relatives (55) rising to 5 per cent. Health Visitors and Masters of Poor Law Institutions also reported for visitation purposes 59 infants under twelve months of age who came to their notice during the course of visitation of the homes or on discharge of the mother and infant from an Institution, as well as 89 children above the age of twelve months. The interchange of complete monthly lists of registered and notified births with the Registrars continues.

Under the scheme of home visitation carried out by the staffs of the County and District Nursing Associations for advice with regard to expectant and nursing mothers, infants and young children not yet at school. the total home visits paid were as follows:—

	<i>Expectant</i>		<i>Up to</i>	
	<i>Mothers.</i>	<i>Infants.</i>	<i>School Age.</i>	<i>Total.</i>
County Health Visitors	56	2308	4365	6729
District Nurses	... 2546	6296	9967	18809
<hr/>				
Total for 1928	... 2602	8604	14332	25538
„ „ 1927	... 2383	8771	14984	26138

First visits to infants shewed an increase from 929 in 1927 to 1,042, and those paid to expectant mothers increased in the same period from 582 to 614. The unusual fact of a higher birth rate during the year no doubt has some bearing on this. The proportion of expectant mothers coming under visitation, 54.3 per cent., was slightly lower than the proportion (54.7 per cent.) in 1927. When

compared, however, with 27.2 per cent. in 1919 the very satisfactory progress made becomes apparent, the proportion of expectant mothers submitting themselves for advice as to their mode of life during pregnancy and preparations for their confinement having doubled in nine years time.

The County Council have for some years undertaken for the Poor Law Guardians, through the Health Visitors, the home visitation of children received by foster parents for payment, and 53 children were supervised in this way during the year, the same number as in 1927. Under the Local Government Act, 1929, this administration, up to the present governed by the Infant Life Protection sections of the Children Act, will be transferred from the Poor Law Guardians to the County Council from April 1st, 1930, and the latter Authority will therefore be directly responsible for the care of foster children, a function for which they are clearly fitted as a Maternity and Child Welfare Authority.

While not directly administering Maternity and Child Welfare Centres the County Council encourage the formation and conduct of Voluntary centres in the larger villages, making grants in aid where such support proves necessary. A new centre has been started at Fordham, bringing the number up to 7, and two more are under consideration. Institutions of this kind which provide Maternity and Child Welfare services in or for the benefit of the County would come within the scope of the Local Government Act, 1929, sect. 101, which requires the submission of a scheme to the Ministry of Health by the County Council for securing the payment by the Council of annual contributions towards the expenses of such voluntary associations.

During the year 13 mothers again benefitted by the services of Home Helps provided by the County Nursing Association, the County Council assisting by paying an

annual retaining fee and part of the remuneration where the patient cannot afford the whole. This service is greatly appreciated, but it is difficult to get women to take it up.

The County Council pay the maintenance charges for confinement of necessitous women in Addenbrooke's Hospital in cases of difficulty, and 28 mothers (including cases of puerperal sepsis) were thus maintained in 1928, the opening of the new maternity wards easing the situation somewhat (see page 5). Maternity cases to the number of 23 were nursed in their homes during the year, while the services of the Cambridge and District Surgical Aid Association were sought for 61 mothers for dental treatment, spectacles, and surgical appliances. Fourteen out-patient letters of recommendation for Addenbrooke's Hospital were given for mothers and children.

During the year the Council paid the maintenance charges for 4 unmarried mothers with their infants at the Ely Diocesan Maternity Home, Cambridge, where they are entitled to fill two places. Three of the four were admitted during the year. Every effort is made to keep mother and infant together on leaving the institution, but where the mother must leave her infant in order to maintain it difficulty is frequently experienced in finding a suitable foster mother. For this reason the Chase Babies Home has recently been opened in Cambridge for the reception of infants whose mothers have obtained situations near by. This Home is an extension of the Diocesan Maternity Home, and the County Council have recently resolved in favour of assuming financial responsibility for two places for infants from the rural area of the County. This creche, with the Diocesan Maternity Home, would appear to come within the scope of Sect. 101 of the Local Government Act, 1929, as an institution to be included in the scheme of financial assistance to voluntary bodies

undertaking Maternity and Child Welfare work for or in the area.

The supply of fresh and dried milk to expectant and nursing mothers, infants and young children has been continued, 55 fresh families being added to the list of 46 in receipt of milk at the beginning of the year, making a total of 101 supplied (the same number as in 1927) for the sum of £240. Medical as well as financial grounds must exist for this form of assistance to be given. There can be no question that the administration of this form of help by the Maternity and Child Welfare Committee has been productive of very beneficial results.

Reference to propaganda work will be found in the section on Health Education.

TUBERCULOSIS.

The following figures relate to new cases of tuberculosis coming to knowledge of the Medical Officer of Health during the year, whether by notification or otherwise:—

<i>Age Periods.</i>			<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
			M.	F.	M.	F.
0	...	...	1	—	—	—
1	...	...	3	1	6	6
5	...	...	15	8	5	5
10	..	...	9	13	2	4
15	...	...	17	14	2	8
20	...	...	20	18	2	4
25	...	...	34	23	6	6
35	...	...	25	17	3	7
45	...	...	18	18	3	—
55	...	...	13	6	2	1
65 and upwards			5	2	—	—
			160	120	31	41

The deaths at the respective age-periods will be found in Table 1 at the end of this report.

No action was called for during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or Section 62 of the Public Health Act, 1925.

The County Council provides supervision (but not treatment) in the homes, dispensary supervision and sanatorium accommodation for tubercular persons, whether insured or uninsured, and including ex-Service men.

Dispensary and Homes.—The Tuberculosis Dispensary at 1, Camden Place, Regent Street, Cambridge, serves the whole County area. The specialist staff consists of the Tuberculosis Officer, Dr. W. Paton Philip, and two Tuberculosis Nurses. The volume of work undertaken at or in connection with the Dispensary during the year is indicated by the following figures:—

1. Cases examined or treated were as follows:—

				<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
New Cases	...	...	...	334	274	608
Old	„	...	...	813	946	1759
				1147	1220	2367

2. Visits of Patients to Dispensary:—

				<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured Persons	...	...	...	423	290	713
School Children	...	...	...	324	183	507
Other Uninsured Persons	...	...	...	131	137	268
				878	610	1488

3. Visits to Homes:—

(a) *By Tuberculosis Officer:—*

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	...	...	114	597	711
School Children	...	...	194	245	439
Other Uninsured	...	..	66	163	229
Total 1928			374	1005	1379
,, 1927			308	1975	2283

(b) *By Dispensary Nurses:—*

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	...	...	395	270	665
Uninsured	...	...	577	396	973
Total 1928			972	666	1638
,, 1927			1027	652	1679

(c) *By General Nursing Staff:—*

			<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured	—	821	821
Uninsured	—	825	825
Total 1928			—	1646	1646
,, 1927			—	1596	1596

Grand total home visits:—

1928	...	...	1346	3317	4663
1927	...	...	1335	4223	5558

Specimens of sputum examined bacteriologically during the year at the Dispensary numbered 347, compared with 135 in 1927, the tubercle bacillus being found in 28. X-rays examinations undertaken by the Tuberculosis Officer at the Dispensary numbered 923, of which 236 were for screening only and 687 for development of a film.

The scheme of dental treatment at the Dispensary includes the uninsured and insured persons not in a position to receive dental treatment from their Approved Society, as well as those for whom part of the cost is paid. Altogether 53 patients received treatment during the year, including 29 new cases. Treatment includes the provision of artificial dentures, and part payment is recovered from the patient where practicable. Assistance was also given in the purchase of splints and other appliances for 8 surgical cases of tuberculosis.

An additional six open-air shelters, with bedding outfits, were purchased during the year, bringing the total number acquired for the use of adults and children up to 165.

Care and After-Care.—The Cambridgeshire Tuberculosis After-Care Association concerns itself with adult cases, and is advised by the Tuberculosis Officer. An annual grant of £100 is made by the County Council, mainly with a view to securing an adequate food supply, while funds are also received from Friendly Societies to supplement the earnings of tubercular insured persons who are only capable of undertaking partial employment. Dr. Philip's annual report shows that during the year 33 cases were considered (compared with 30 in 1927), of whom 16 were uninsured. The number which the Association can deal with is limited by their financial resources and the chronic nature of the illness. At the end of the year 19 patients helped had returned to work, 6 were not working, 4 were in sanatoria.

and the rest had left the district or had died. The Association had again concentrated on early cases where the return to full work was reasonably expected. It was often necessary to make grants, particularly to women, while waiting for or undergoing sanatorium treatment, for the provision of adequate domestic help, thus relieving the mental anxiety which is an obstacle to recovery. For the same reason similar assistance is given to the more advanced and acute type of case which remains at home.

“ With regard to insured persons,” to quote Dr. Philip, “ we should like to make it a rule that those whose disease does not permit of full time employment be allowed to receive benefit while doing part time light work under suitable conditions. The National Health Insurance benefit should be paid in whole or in part, according to working capacity, and this could be assessed at the various stages in the career of the tuberculous patient, and the amount of grant paid according to capacity. The administrative difficulty can be overcome by the Friendly Societies concerned paying the appropriate benefit, not direct to the patient, but through the Association.”

In addition to their grants to the Association, the Public Health Committee have continued to give direct assistance during the year by supplying 28 tubercular children not in attendance at school with milk, while the Education Committee have provided school children of the pre-tubercular type, but not actually tubercular, with malt and cod liver oil.

Sanatorium Accommodation.—The County Council provide this form of treatment for adults, insured or uninsured, and for children. Preferential accommodation is found for ex-Service men, for whom the Treasury accept

full responsibility. Patients treated during the year were as follows:—

		<i>In Sanat.</i>		
		<i>Jan 1st,</i>		<i>Total</i>
		<i>1928.</i>	<i>Admitted.</i>	<i>Treated.</i>
Ex-Service Men ...	...	6	9	15
Adult Male Civilians ...	...	36	45	81
Adult Females ...	...	22	63	85
Children ...	...	41	50	91
		<hr/>	<hr/>	<hr/>
Total ...	...	105	167	272
		<hr/>	<hr/>	<hr/>

The County Council do not themselves manage a sanatorium, but pay for the maintenance of their patients in existing institutions. The men are almost all accommodated at the Papworth Tuberculosis Colony, where also some women and children are admitted. The total of 75 reserved beds is now made up as follows:—

Papworth Tuberculosis Colony. Beds reserved for men, 30. All stages of pulmonary tuberculosis; also surgical cases.

Bramblewood, Holt. Beds for women, 14. Pulmonary cases, excluding advanced cases.

Oak Bank, Kent. Beds for children, 16. Early pulmonary cases.

Ipswich. Beds for children, 3.

Children's Sanatorium, Holt. Beds for children, 12. Early pulmonary cases.

Smaller numbers of pulmonary cases are sent, without reservation of beds, to other institutions, while unreserved accommodation is obtained for surgical cases at Addenbrookes' Hospital, Cambridge, mainly for operative

treatment, and at Lord Mayor Treloar's Hospital, Alton, for conservative treatment.

As the result of enquiry from the Councils of adjoining Counties regarding cases where difficulty arose in deciding which Authority was responsible for the provision of sanatorium treatment, the County Councils of Hunts., the Isle of Ely and West Suffolk agreed to proposals for working arrangements for provision of such treatment for persons not ordinarily and permanently resident in the County. The Herts. County Council similarly agreed on a basis of Poor Law settlement, while the Essex County Council preferred terms similar to those existing between themselves and the London County Council.

The following figures show the immediate results obtained among patients whose institutional treatment terminated during the year. Eleven observation cases are not included.

				<i>No</i>	
				<i>Material</i>	<i>Died</i>
				<i>Improve-</i>	<i>in Sana-</i>
				<i>Quiescent.</i>	<i>torium.</i>
				<i>Improved.</i>	<i>ment.</i>
Pulmonary:					
No T.B. in sputum	70	8	2	—	
T.B. in sputum:					
Early	15	10	1	—	
Middle	3	8	3	4	
Late	—	—	—	10	
Non-Pulmonary:					
Bones and joints ...	1	3	—	2	
Abdominal	2	2	—	—	
Other organs	1	—	1	—	
Peripheral glands ...	10	4	—	1	

Summarising the above as regards the pulmonary cases, which form the great majority of those treated in institutions, the condition on discharge of those apparently in the earlier or middle stages at the time of admission was that in 88 cases disease was in a quiescent state, 26 others showed improvement, and 6 showed no material improvement, while 14 died in the institution. Of those admitted in an advanced stage, all 10 died; they were admitted for isolation till the termination of the illness, their own comfort and the safety of the public being thus secured.

VENEREAL DISEASES.

The County Council's scheme for combating venereal diseases includes arrangements for pathological diagnosis, treatment at the centre conducted at Addenbrooke's Hospital, Cambridge, the supply of special drugs to medical practitioners experienced in their use, and propaganda work undertaken by the Cambridgeshire Branch of the British Social Hygiene Council. The scheme appears to be generally adequate to the needs of the area.

Treatment Centre.—The constituent Authorities for the treatment centre at Addenbrooke's Hospital are the Cambridgeshire, Isle of Ely, and Huntingdonshire County Councils, but patients are dealt with from other areas also. Any person is entitled to receive treatment free of charge, and can obtain particulars as to hours of attendance by application to the County or District Medical Officers of Health. Afternoon and evening clinics are held weekly for both sexes, at separate hours, and six beds are reserved for in-patient treatment. Facilities are afforded for irrigation of cases of gonorrhœa between clinic days, and are mainly taken advantage of by male patients. For the information of the public, posters advertising the treatment facilities provided have been supplied to the Town Council

for display in public conveniences in Cambridge, and the proprietors of licensed houses throughout the County have kindly agreed to assist in a similar manner.

The work done at the treatment centre during 1928 is summarised in the following tables:—

TABLE I.

	<i>Male.</i>	<i>Female.</i>	<i>Total</i>
Under treatment on			
January 1st, 1928 ...	68	40	108
Old cases readmitted ...	27	16	43
New patients during 1928	122	57	179
Total under treatment ...	217	113	330
Left without completing			
treatment	32	20	52
Completed treatment but			
not final tests	3	11	14
Completed treatment and			
tests	40	21	61
Transferred to other			
Treatment Centres ...	14	3	17
Under treatment at end			
of year	121	43	164
Out-patient attendances:			
(a) On clinic days ...	1052	703	1755
(b) On intermediate			
days	2614	17	2631
(c) Total	3666	720	4386
Aggregate " in-patient			
days "	204	504	708

TABLE II.

	<i>Cambs.</i>	<i>Other Counties.</i>	<i>Total 1928</i>	<i>Total 1927.</i>
New out-patients during 1928 (for first time) ..	109	70	179	197
*Total out-patient attendances ...	3728	658	4386	5493
Aggregate in-patient days ...	306	402	708	946
Doses of salvarsan substitutes ...	441	409	850	954

TABLE III.

CAMBRIDGESHIRE PATIENTS.

	1928.	1927.	<i>Increase or Decrease per cent.</i>
New out-patients ...	109	139	—28
*Total out-patient attendances ...	3728	4888	—24
Aggregate in-patient days	306	753	—59

*These figures include 2631 intermediate attendances for irrigation, etc., paid by Cambridgeshire patients.

Since the treatment centre was first opened in 1917 it has been attended by 3,186 patients, who have made 20,540 attendances on clinic days. Of these, 1,431 were Cambridgeshire residents, who attended 13,273 times on the days on which the medical officers were in attendance. These figures do not include intermediate attendances for

irrigation, which in 1928 numbered 2,631, all paid by Cambridgeshire patients. The slight decrease of 6 per cent. in new Cambridgeshire patients in 1927 has been followed by a greater reduction amounting to 28 per cent., the total attendances on clinic days similarly declining by 24 per cent., and intermediate attendances by 28 per cent. It may be hoped that this points to diminished incidence of infection, but it is possible that the appointment of an Almoner might result in a larger attendance.

A satisfactory feature is the fact that the proportion of patients who ceased to attend during the year without completing treatment or final tests was smaller than in the previous year, 20 per cent. against 42 per cent. There was also an improvement, though only slight, in the average number of attendances paid per patient, 5.3 compared with 5.0 in the previous year.

There are 8 medical practitioners in the area approved for the free supply of arseno-benzol compounds for the treatment of syphilis, but the great bulk of this special form of treatment is carried out by the medical staff of the Treatment Centre.

Laboratory Diagnosis.--Under the Council's scheme specimens are examined free of charge to medical practitioners by pathologists holding University posts. During the year 386 specimens were tested by the Wassermann reaction for syphilis, and 283 were submitted for bacteriological examination, as against 316 and 315 specimens respectively in 1927. Of these, 348 specimens were sent from the treatment centre. The total number of specimens examined since the scheme was first instituted in 1917 is 4207 for the Wassermann reaction and 3477 for bacteriological examination.

For propaganda work, see Health Education, page 29.

BLIND PERSONS ACT.

The County Council are the Local Authority specifically charged with promoting the welfare of the blind under this Act. The duty of keeping the register of cases is carried out for them by the Cambridgeshire Society for the Blind. Thirty-five names have been added during the year, and the number now on the register is 206 (Cambridge 100, rural area 106), together with 10 observation cases, or partially blind persons.

The other executive functions of the County Council are delegated to the Society for the Blind who receive from the Council an annual grant of £500, the use of which is restricted to administrative purposes. The Society employ two Home Visitors, one for Cambridge and one for the rural area, who visit regularly all blind persons on the register. Altogether 2,836 home visits were paid by them during the year, 1,473 in Cambridge and 1,363 in the rural area. To some the Home Workers give lessons in Braille or in handicrafts, while they assist others to obtain pensions and pay out to them money due from Pensions Societies.

There are 14 blind workers recognised by the Ministry of Health, and 10 second grade home workers. They are engaged in hand knitting, basket-making, chair caning, wood bundling, piano-tuning and teaching music. The official visitors assist them with both the educational and business side of their handicraft, and some increase is again reported in the sale of goods at the Society's Depot in Emmanuel Street, Cambridge. Sales are also effected at Flower Shows and on private premises, but much more could be done by the public to assist the blind by purchasing their work at the Depot. Those blind persons whose earnings are very small now have their income augmented to not less than 5/- per week, and this charge has to be met.

The social side of the life of the blind has received much attention from the Society, both systematically and by kind occasional hospitality by individual members, but much more could be done if the Society were better supported financially by the general public, whose donations the Secretary would be very happy to receive at the Emmanuel Street address. On the voluntary side of the work grants in relief are made to those in need, and help is given in such matters as the payment of doctors' bills, fares to hospital, and the cost of spectacles to the partially sighted, but much more could be done if the available funds permitted.

A conference has been held between representatives of the County Council and of the Society regarding assistance for the unemployable blind, at which it was reported that the income in 95 cases did not exceed 15/- per week. It was resolved to ask Boards of Guardians to give special consideration to applications for relief in such cases, with a view to the mitigation of any special hardship due to blindness.

MENTAL DEFICIENCY ACT.

During the year 28 cases newly notified under the provisions of the Mental Deficiency Act were reported upon to the Committee. Of these, 12 were notified as "neglected" (4 by Guardians, 2 by the Ely Diocesan Maternity Home, and 2 privately), 13 by the Borough and County Education Committees, one by the Secretary of State, one by the Borough Police, and one privately.

The instructions given regarding the foregoing new cases were as follows:—

Certified Institutions on petition	...	...	6
Guardianship Order on petition	...	...	1
Certified Institution or Guardianship on petition	...	...	2
Statutory supervision	...	...	6
Referred for voluntary supervision	...	...	6
Not subject to be dealt with	...	...	5
Referred to Poor Law Guardians for admission to Mental Hospital...	...	...	1
Referred to Cambs. Education Committee...			1
			—
			28
			—

Of the 9 defectives requiring admission to certified institutions or Guardianship, 5 were admitted in 1928, 2 are awaiting presentation of petition, and 2 were eventually not proceeded with. One defective was also admitted in 1928 regarding whom instructions had been given in the previous year. Five old cases on reconsideration were sent either to Certified Institutions or placed under Guardianship. The number therefore actually admitted to certified institutions during the calendar year 1928 was 11. During this period one defective died, 2 were discharged from certified institutions, and 4 defectives were allowed out on leave of absence with a view to eventual discharge if conditions prove favourable.

Attention may well be drawn to the cases discharged and allowed leave of absence on licence, as it will be seen from this that it is an erroneous view that institutional care is always permanent. Although in many cases that is necessarily so for the protection of the defective person, it

is the intention and practice to allow others who respond well to training and other influence, and whose home conditions permit it, to find occupation on leave from the institution, with a view to final discharge if the experiment proves satisfactory.

Since 1913, when the Council first began to administer the Act, 107 defectives have been placed under statutory supervision, undertaken mainly by the Voluntary Association, 159 have been sent to institutions, and 12 have been placed under Guardianship. Allowing for deaths, discharge to homes and transfer to mental hospitals and other institutions, there remained at the end of the year under review 119 cases who were being maintained in institutions (includes 9 on licence and 5 in State Institutions), 8 under Guardianship, and 73 under statutory supervision in their homes, making a total of 200 under the control of the Local Authority, approximately 1.6 persons per 1,000 of the population.

In addition to these defectives subject to be dealt with under the Acts, there are ascertained by the Local Authority 161 defectives under voluntary supervision in their homes, and one defective whom they are assisting to maintain in an institution under their permissive powers. These figures do not include high grade defective children of school age who are still under the control of the Local Education Authorities.

The County Council have no institution of their own, but pay for the maintenance of defectives in more than twenty institutions where it is possible to gain admission for them, the largest number of defectives from this area being received into the Royal Eastern Counties' Institution at Colchester. A scheme of extension approved by the Council in conjunction with the Essex and West Suffolk Councils

which will add 34 places to those available for this County has been mentioned in each of these annual reports since 1924. This accommodation is not yet available, and until such provision is made, the administration of the Mental Deficiency Acts must continue to be a matter of great difficulty.

The arrangement continues by which the Cambridge-shire Voluntary Association, in return for an annual grant, has since 1913 assisted the Council in its duties in various ways, of which the chief are the statutory supervision of defectives in their homes with quarterly reports, the ascertainment of defectives, and notification of those who appear subject to be dealt with under the Mental Deficiency Acts. This is one of the Voluntary services included in the discontinued grants in the Local Government Act, 1929, for which the Minister of Health is periodically to prescribe financial assistance by the County Council.

The new statutory requirement, under the Mental Deficiency Act, 1927, for the County Authority to provide suitable training or occupation for defectives under supervision in their homes, was the subject of special report by a Special Sub-Committee of the Voluntary Association together with representatives of the County Council. The working of an occupation centre is recommended at Cambridge for 25 defectives resident in the town and the immediate neighbourhood. Rural cases are unable by reason of distance to attend such a centre and instruction by a visiting teacher would be expensive and not worth while. It is proposed to try to arrange for occupational training through existing organisations where practicable. In the meantime the proposed Cambridge centre has been approved by the Council.

HEALTH EDUCATION.

MATERNITY AND CHILD WELFARE.

Meetings at Women's Institutes and Child Welfare Centres have again been addressed on matters relating to the health of mothers and children, tuberculosis, and the care of the teeth, by members of the staff of the Public Health Department, who have also judged at voluntarily organised baby shows in rural parishes. The Council also allocated a sum of £50 in the estimates for the exhibition of films in seven villages, and for a grant towards the expenses of a travelling health exhibition. A maternity film, "Who Was to Blame," was hired from the National Baby Week Council, specially designed to demonstrate the importance of early advice for the expectant mother, and especially through the maternity centre, with the object of reducing mortality among mothers and infants. Literature obtained from the National Association for the Prevention of Infantile Mortality was also distributed to the Medical Officers of Centres. A film demonstrating the care of the teeth in children kindly lent by the Dental Board of the United Kingdom was also exhibited.

The small Travelling Health Exhibition which was organised in 1927 by the Cambs. Federation of Women's Institutes again visited a number of villages in 1928 and repeated its successful experience, on this occasion with the aid of a small grant from the County Council under their Maternity and Child Welfare powers. As before, prominence was given to exhibits illustrating infant welfare, clothing, feeding, protection of food, model meals, sickroom comforts, the keynote being to show what can be done cheaply within the means of the labouring class. The Committee for Agricultural Education again provided an exhibit and demonstration relating to clean milk, and the

Dental Board of the United Kingdom lent models illustrating the care of the teeth. Addresses were given on health subjects by various speakers, including County Officers. The Exhibition, which owes much to the energy of Miss D. G. Nichols, proved very attractive to men as well as women, and again showed what can be done educationally at little cost.

VENEREAL DISEASES.

The County Council have now for twelve years undertaken propaganda work through the agency of the Cambridgeshire Branch of the British Social Hygiene Council, to which body they have made an annual grant for the work actually carried out for the Council. In 1928 several new films, "Third Party Risks," "The Student's Lesson," "Venereal Diseases: A Lecture for Men" were shown in four villages, mainly to full and appreciative audiences. In Cambridge, meetings were arranged in connection with and under the auspices of various societies, such as the Y.M.C.A., the Women's Co-operative Guild (attended by some 300-400 women), and the Fathers' Health Club. Films and lectures were mainly supplied by the British Social Hygiene Council which thus renders a valuable service to Local Authorities which cannot themselves organise an expensive service. Grants relating to Venereal Diseases are among the "Discontinued Grants" under the Local Government Act, 1929, though County Councils have power to give financial assistance to a central body rendering service of this kind which it would be exceedingly difficult for them to supply for themselves.

SCHOOLS.

Under the Education Committee's system of notification by Head Teachers the Public Health Department

received information of 159 outbreaks of infectious disease of all types, those notifiable under Public Health legislation being diphtheria from 13 and scarlet fever from 36 schools respectively. For enquiry into and advice regarding the cases thus brought to notice 2,054 home visits were paid by the School Nurses, and a large volume of correspondence was carried on between the medical staff and the Teachers. Of 26 special visits to the schools by the medical staff, 18 were for diphtheria, at which 254 swabs were taken, and 4 were for scarlet fever. In view of the prevalence of a mild type of smallpox in England and Wales a medical opinion was obtained in the early stages of all outbreaks of chicken pox reported.

The policy of reliance upon exclusion of individual children in preference to closure of schools, except in special circumstances, has been continued. It is therefore interesting to note that although only one of 13 schools from which diphtheria was notified was closed, the number of cases occurring in connection with each school was small, with the exception of the one school for which closure was authorised, and the policy would thus appear to have justified itself, at any rate as far as this particular disease is concerned. As the issue of closure certificates is left in the hands of the School Medical Officer, who consults the local Medical Officer of Health where necessary, a uniform policy throughout the area is secured.

Much attention continues to be given by the Education Committee to necessary structural improvements. Among Council Schools the principal matters under consideration were the provision of new class rooms and other improvements at Melbourn, a new water supply at Bassingbourn, considerable extensions at Harston and new premises at Fen Ditton. The building of a new school at Balsham

was also resolved upon. Improvements completed among Non-Provided Schools included considerable extensions at Haslingfield and Comberton, and new premises have replaced the old school at Swaffham Prior. Consideration was also given to schools on the Board of Education's lists A and B, and reports on the sanitary condition of other premises were furnished by the School Medical Officer.

INSPECTION AND SUPERVISION OF FOOD.

The position in 1928 as regards graded milks was, that licences were granted or renewed by the Ministry of Health to three firms for the production of Certified Milk and to one firm for the production of Grade A (tuberculin tested) milk, one firm was licensed to produce and distribute Grade A milk, and a licence to sell pasteurised milk was granted to two firms.

In Cambridge, of samples of graded milk taken for bacteriological examination, 24 of 26 samples of certified milk, 8 of Grade A (Tuberculin Tested) milk, and 12 of 13 samples of Pasteurised Milk were up to the prescribed standard. Of 40 samples of ordinary milk also examined 16 reached Grade A standard.

In view of the belief by the County Milk and Dairies Committee that the public generally regard Grade A milk as of the highest standard of graded milk the County Council adopted their recommendation that an alteration in the designations be made so that the public might more easily recognise which is the highest grade of milk, and it was resolved that the support of the County Councils' Association and of all County Councils in England and Wales be requested.

The District Councils are responsible for the general administrative control of the sanitary condition of premises on which milk is produced and of the measures for cleanly production. The County Council are responsible for the health and inspection of cattle, but as an Education Authority they are in a position also to raise the general standard of cleanliness in milk production. The second Clean Milk Competition organised by the Agricultural Education Sub-Committee of the County Council is nearing completion and I am indebted to the County Agricultural Adviser for an interim statement of which the following is the substance. The standard attained by the twelve competitors, who are well distributed over the County, is very much in advance of last year, when it was considered to be very high. As high a proportion as 70 per cent. of the samples received to date have reached the standard of cleanliness required for the production of Certified milk, which, it will be understood, is the highest grade of specially designated milk, and many of the samples have given bacteriological counts which are even above that standard. As the cowsheds and dairies of the majority of the competitors are not palatial buildings this can only mean that these standards of cleanliness are obtained by the adoption of the required methods of milk production, and that the greatest precautions are being taken as regards efficient sterilisation of utensils, thorough cleaning of the cows and milking in a cleanly manner. These competitions are therefore serving a very useful purpose by proving that such methods can be followed and are in fact being adopted by the progressive dairy farmers in this County, an example which should result in the supply of clean wholesome milk to the benefit of producer and consumer.

The erection of new cowsheds or reconstruction of unsatisfactory premises is reported from Cambridge Borough

and the Chesterton and Newmarket Rural Districts. Improvements in structure and cleanliness are also reported concerning a considerable number of milk premises. The reports give the impression that progress is being made.

Meat.—There is no public abattoir within the County area. In Cambridge, where 4,316 inspections of slaughter-houses were made, 137 cwt. of meat was condemned. In Melbourn Rural District, where 298 visits were paid under the Meat Regulations, 1,330 carcasses of animals were inspected, and 2 carcasses and 18 parts were condemned. In Newmarket Rural District one carcass of a tubercular sow was condemned and voluntarily destroyed. In this District 26 of 31 meat shops now have glazed windows and the standard of cleanliness is regarded as satisfactory. In Chesterton Rural District also it is noted that there is much less exposure of meat to contamination; one application for a slaughterhouse licence was refused.

For the detection of tubercular milk samples were taken from producers, 28 by the Cambridge Town Council and 49 in the rural area by the County or District Councils. They were submitted for examination to the Cambridge University Institute of Animal Pathology. Of those submitted by the Town Council 25 proved negative and 3 positive. Of the three positives, 2 were from Cambridgeshire and one from East Suffolk and further samples taken during veterinary inspection of the herds by the County Authorities did not produce evidence of tuberculosis.

In the rural area 5 samples were taken by the Caxton and 2 by the Melbourn Rural District Councils, with negative results. In the rest of the rural area, 42 samples were taken by the County Council's officers, who were instructed to take samples from premises on which animals have recently been slaughtered under the Tuberculosis

Order, or where any samples taken under the Sale of Food and Drugs Acts have been found to be dirty, while a later instruction was to sample from dairy premises generally. Two of the 42 samples gave positive results and the herds in question were inspected by the County Veterinary Inspector, resulting in the detection of two cows with tubercular udders, which were slaughtered under the provisions of the Tuberculosis Order. A sample of tubercular milk produced in this County and reported by the London County Council was also followed up by veterinary inspection of the herd, resulting in the slaughter of one cow.

SALE OF FOOD AND DRUGS ACTS.

Rural Area.—In this area the Acts are administered by the County Council. The total number of samples taken and reported upon by the Public Analyst was 91 (181 in 1927), of which 84 were taken formally and 7 informally. The reduction in the number of samples taken during the year was due to the death of the Public Analyst, Mr. West Knights, an interval elapsing before the appointment of his successor, Mr. S. Greenberg, who now holds the joint appointment for the Administrative Counties of Cambridge, Huntingdon, and the Isle of Ely, and the Municipal Boroughs of Cambridge and King's Lynn.

The samples were:— Fresh milk 43, butter 13, margarine 6, lard 7, vinegar, cocoa, and sugar 3 each, and smaller numbers of other articles. Of the 91 samples analysed 4, or 4.4 per cent., proved not to be genuine, compared with an annual average of 4.8 per cent. during the ten years 1918-1927, based on 79 non-genuine samples out of a total of 1,638 submitted for analysis. All the 43 samples of fresh milk were taken formally. The

particulars as regards the four adulterated milk samples are as follows:—

1. Deficient in fat 16 per cent. Proceedings resulted in a fine of £2, including costs.
2. Deficient in fat 16 per cent. Proceedings resulted in a fine of £1, including costs.
3. Added water 8 per cent. Case dismissed, but vendor fined £2 and 10s. costs for obstruction.
4. Deficient in fat 8 per cent. Vendor cautioned, no proceedings taken.

Cambridge Borough.—Owing to the interruption caused by the resignation of the Public Analyst, only informal samples were taken during the year. These numbered 142, and were all of milk. They were submitted to the centrifugal test for fat, and two samples proved deficient to the extent of 6.6 and 3 per cent. respectively. The vendors were informed, and subsequent samples proved to be genuine.

Use of Preservatives.—The Public Analyst reported that no evidence of preservatives were found in the samples examined for their detection.

WATER SUPPLIES.

The greatest activity is as usual reported from the Newmarket Rural District. The proposed scheme referred to in last year's report for improvement of the supply to Cheveley and Wood-Ditton from the existing waterworks, and the extension of the main to Ashley, has been proceeded with. A new pump with a capacity of 2,000 gallons per hour was fitted, and a new tubed boring was sunk to a depth of 455 feet. Work on the extension of the main to Ashley was also commenced.

Complaint was received during the year as regards the unpalatability of the water from the mains from the Dullingham and District Waterworks which frequent flushing failed to remedy. The advice of the Ministry of Health was sought, and a firm of expert chemists was consulted. The matter at present stands referred to the Ministry, and in the meantime it should be understood that the organic purity of the water is not called into question. At Wicken the borehole of the public well which had become choked with greensand was put in working order. Isleham is entirely dependent upon private wells in the chalk, and Dr. Morgan expresses the opinion that it is hardly desirable that a village of 1,490 inhabitants should have to rely entirely on private sources for its supply. At Fordham the sinking of two additional bores brings the total of public bored wells to five, and the old well at Burwell has been replaced by a new boring.

In Linton Rural District, where all villages rely on wells, filtered pond water or springs, the District Council considered the question of a scheme to supply the whole district and obtained a report from a firm of water engineers. Three schemes were received, two for the supply of villages in groups, and the third a comprehensive scheme for the whole district. The last named was estimated to cost £67,000 with an annual charge of £4,870, equivalent to a rate of $2/11\frac{1}{2}$ in the pound. The whole question remains in abeyance. Wells have been bored at Castle Camps, Duxford, Horseheath, Shudy Camps, and Whittlesford to depths varying from 78 to 180 feet, mainly for the supply of groups of Council Houses, and it is further proposed to sink seven new boreholes in five parishes in connection with the Council's new housing scheme.

From Chesterton Rural District extension of the main

at Histon is reported and additional facilities to public supplies in five other parishes. In Caxton Rural District it was decided to bore a deep well to supply water to the parish of Hardwick.

DRAINAGE, SEWAGE AND REFUSE DISPOSAL.

Outside the Cambridge sewerage system there are but few villages with sewers; a few (Stetchworth and Chevely in Newmarket Rural and Sawston in Linton Rural) have a sewer draining to settling beds, and the success of the new arrangements for automatic flushing at Sawston is recorded. The reception of sewage into road drains and thus unpurified into streams is far from uncommon, and Soham, the largest rural parish, is specially mentioned in the Newmarket Rural report. In Chesterton Rural District the difficult question of the disposal of sewage from the Histon factory is still under consideration, while complaints regarding the discharge of waste water from a gelatine factory into the stream at Great Shelford have resulted in the owners agreeing to instal plant to purify the effluent.

Pail closets are replacing pit privies with degrees of rapidity varying with the individual Sanitary District, but progress is undoubtedly being made. In the Chesterton Rural District the scheme for the cleansing of earth closets in the parish of Waterbeach continues to work satisfactorily, and a scheme for Cottenham is under consideration. The need for schemes of public scavenging in the larger villages where the garden ground is too limited for proper disposal of excreta, is specially commented on in the Linton, Newmarket and Swavesey Rural reports.

The Cambs. Rural Community Council have issued a useful report regarding the disposal of unburnable rubbish

in the villages, in which the results of experimental collections undertaken by that Council in several parishes since 1925 are stated and recommendations are made as to method and machinery. Copies of this report, with other information, can be obtained from the Secretary at 23, Trinity Street, Cambridge.

HOUSING OF THE WORKING CLASSES.

In the whole area of the Administrative County 699 new houses were built during the year, 473 in Cambridge and 226 in the Rural Districts. Of these, 348 were erected with State assistance under the Housing Acts, of which 282 were erected by the Local Authority in Cambridge, and 66 in the Rural Districts, while 182 were built by other bodies or persons with the aid of the State subsidy, 87 in Cambridge and 95 in the Rural Districts. The remaining 169 were erected by unassisted private enterprise.

The total number of houses inspected for defects under the Public Health or Housing Acts was 3,459, of which 1,459 were in Cambridge and 2,000 in the Rural Districts. Houses inspected under the Housing Consolidated Regulations numbered 1,737 (Cambridge 604, Rural Districts 1,133). Of the houses inspected, 227 were recorded as unfit for human habitation, 139 in Cambridge and 88 in the Rural Districts, while 1,186 (Cambridge 847, Rural 339) were regarded as not in all respects reasonably fit for habitation.

As regards repair work, a good deal was as usual accomplished by informal intimation to owners, this resulting in the remedy of defects in 1,081 houses, of which 794 were in Cambridge and 287 in the Rural Districts. Statutory notices were served for repair of 42 houses (Cambridge 34, Rural 8). There were rendered fit by the

owners 27 in Cambridge, none being remedied by the Local Authority in default, but one Closing Order became operative by reason of a declaration by the owner of intention to close. In the rural area 8 houses were rendered fit by the owners after formal notice. Under the Public Health Acts, notices requiring the remedy of defects were served with respect to 59 houses (14 Cambridge, 45 Rural). In consequence, defects were remedied by the owners in 41 houses (Cambridge 10, Rural 31). In no instance did the Local Authority act in default of the owner.

With more houses available Local Authorities may be expected to avail themselves more fully of their power to close worn out houses, and this has been the case to an increasing extent during the past two years. Last year 99 houses (Cambridge 12, Rural 87) were represented for closure and 66 Closing Orders made (Cambridge 12, Rural 54). Seven of these Orders were determined, the dwellings having been rendered fit, 13 Demolition Orders were made and 14 houses were demolished during the year.

In Cambridge, from 1920 to 1928, a total of 1,841 houses have been erected, 973 by the Local Authority and 868 by others. The number of applicants for Corporation houses, 1,036, is nearly 300 less than a year ago, and only four of the wooden tenements in Burrell's Walk remain in occupation. The efforts of the Cambridge Housing Society, Limited, which aim at providing for urgent cases of overcrowding or insanitary conditions, where the tenant cannot afford the rentals of Corporation houses, resulted in adding 23 houses to the 22 built by them in the previous year, and they now propose to erect another 16 houses. The Public Health Committee are also authorised to build 50 houses to accommodate families displaced by Closing Orders.

In Chesterton Rural District the 6 houses completed during the year bring the number erected by the Local Authority since May, 1924, up to 274, in addition to 100 built under the Act of 1919. Also a further scheme for the provision by the District Council of another 100 houses has been under consideration, towards which 56 sites were obtained and work commenced on 36 houses. State assistance to private persons has also resulted in adding 67 houses during the year, bringing the total provided by this means up to 364 houses. This figure may be compared with the 274 provided by the Local Authority during the same period with the same financial encouragement, and it is anticipated that by September, 1929, State-aided private effort will have provided more than 400 houses in this District.

In Caxton and Arrington Rural District 14 houses were built by the District Council and none by private persons with the aid of the Subsidy. Eight houses were built in connection with the Papworth Village Settlement.

In Linton Rural District 53 houses were erected during the year, all but 6 with State assistance, 42 by the Local Authority and 5 by private persons. In addition, 28 were in course of construction and sanction has been obtained for building of 76 more houses by the Local Authority. Altogether, 150 houses have been built by the District Council from 1909 to 1928.

In Newmarket Rural District, of 61 houses built during the year 21 were aided by the subsidy, all built by private persons. Including 66 houses built under the 1919 Act, the District Council had erected 218 houses by the end of 1927.

In Melbourn Rural District, of 12 houses erected during the year 8 were built with the aid of the subsidy, 4 by the District Council and 4 by private persons.

In Swavesey Rural District, 3 houses only were built during the year, all by private persons, one with State assistance.

All the District Councils in the area are declared by the Ministry of Health to be Local Authorities for the purposes of the Housing (Rural Workers) Act of 1926, the object of which is the improvement of housing conditions for agricultural labourers and other rural workers by grants or loans for reconditioning old houses or converting other buildings into dwellings. In Linton Rural District, Dr. Morgan notes that progress has been made since the provisions of the Act have become better known. Eleven applications were received regarding 24 cottages, grants being made to 6 applicants in respect of 16 cottages, all of which have been successfully reconditioned. The refusals were on account of insufficient site, too great dilapidation and too high standard of house. Applications regarding two cottages in the Newmarket Rural District were refused on the grounds of unsuitability of the premises. No reference appears in the other reports.

Under the Housing Act, 1925, loans to the total amount of £2,800 were sanctioned by the County Council for the construction or acquisition of 8 houses during the year on applications by individual borrowers in the rural area.

Housing of County Council's Employees.—Towards the scheme of eleven houses for the police, those at Cherryhinton, Burwell, Trumpington, Isleham, Castle Camps, Longstanton, Wicken, Sawston and Harston have now been completed. During the year, consideration was given by the Standing Joint Committee to the question of sites at Soham and Balsham, tenders were accepted for a house

at Wood-Ditton, and the County Architect was instructed to prepare plans for a house at Fen Ditton.

Provision of houses for Head Teachers of 5 Council Schools was considered by the Education Committee, tenders being accepted for the erection of a house at Papworth Everard, while the proposal to purchase a house at Burwell was approved by the Board of Education.

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

The following figures are furnished by the Registrar-General as representing the populations to be used for calculation of birth and death rates for the year 1928. The inclusion of Duxford Aerodrome in the Linton Rural District accounts for the higher figures in the first column.

			<i>For</i> <i>Birth Rate.</i>	<i>For</i> <i>Death Rate.</i>
Administrative County	...		133510	133300
Cambridge Borough	...	...	60860	60860
Aggregate Rural Districts	...		72650	72440
Chesterton	...	...	25730	25730
Caxton and Arrington	...		7554	7554
Linton	...	...	9704	9494
Melbourn	...	...	8130	8130
Newmarket	...	...	18970	18970
Swavesey	...	...	2562	2562

The excess of births over deaths during 1928 yields a natural increase of the population for the year of 323, compared with 206 in 1927.

Birth Rate.—The statistics for 1928, based on figures furnished by the Registrar-General, are as follows:—

	<i>Registered Births.</i>	<i>Birth Rate per 1,000 living.</i>
Administrative County ...	1907	14.3
Cambridge Borough ...	777	12.7
Rural Districts ...	1130	15.5

The following figures show the reduction as compared with 1914 in both urban and rural areas:—

<i>Number of Births.</i>				<i>Birth Rate.</i>		
	<i>Boro'.</i>	<i>Rural.</i>	<i>Total.</i>		<i>Boro'.</i>	<i>Rural.</i>
	<i>County.</i>				<i>County.</i>	
1914 ...	996	1393	2389	...	17.4	19.1
1927 ...	818	1065	1883	...	13.9	15.0
1928 ...	717	1130	1907	...	12.7	15.5

The birth rate for Cambridge, 13.9 per 1,000, was, as usual, much below that for the Great Towns (16.9). The rates for the Cambridgeshire Rural Districts, from highest to lowest, were:—Newmarket 17.6 (334 births), Linton 16.6 (161), Chesterton 15.4 (396), Caxton 14.4 (109), Melbourn 12.2 (99), and Swavesey 12.1 (31). Following on War fluctuations, the decline in the birth rate since 1920 has been uninterrupted for Cambridge, and, with fluctuations, has been progressive for the Rural Districts as a whole. There was a slight rise of 0.5 per 1,000 in the rural birth rate for 1928. The birth rate for the whole County has fallen 30 per cent. in eight years.

There were 83 illegitimate births in the Administrative County, 32 in Cambridge, 51 in the Rural Districts, compared with 37 in Cambridge, 46 in the Rural Districts, and 83 total in 1927. Calculated as a percentage of total births, the proportion of illegitimate births was 4.1 in

Cambridge, 4.0 in the rural area, and 4.3 in the Administrative County, against 4.5, 4.3 and 4.4 per cent. respectively in 1927. After a rise from an average rate of 4.8 per cent. of total births in the three pre-War years 1911-13 to 8.7 in 1919, it fell rapidly to 5.9 in 1920, and has since declined slowly but steadily till the proportion is now below the pre-War rate.

The proportion of *still-births* notified to total births notified was as follows:—

Borough of Cambridge	36	still-births,	or 4.2 per cent.
Rural Area	30	„ „	2.7 „ „
Whole County	66	„ „	3.4 „ „

Death Rate from all Causes.—After allowing for deaths occurring away from the usual place of residence, the nett death rate for the whole County was 11.9 per 1,000 (11.7 for England and Wales). This rate was 1.0 per 1,000 below the 1927 rate for the County (12.9), 0.4 below the average (12.3) for the preceding ten years, and almost identical with the rate for the preceding five years (12.0). The rates for Cambridge and the rural areas were 10.9 and 12.6 respectively, the death rate for Cambridge being 0.7 below that for the Great Towns (11.6).

The total deaths in the whole County numbered 1,584 (Cambridge 668, Rural 916), being 93 fewer than in 1927. The outstanding features are the low mortality from influenza and respiratory diseases compared with 1927 (when influenza was very prevalent), and a satisfactory decrease in the deaths from tuberculosis, against which has to be set an increase in mortality from diphtheria and a sharp rise in the number of deaths attributed to cancer.

Infant Mortality.—The number of deaths under one year, 112 (Cambridge 42, Rural Districts 70) was in the proportion of 59 deaths per 1,000 births (England and Wales 65). The corresponding approximate rate for Cambridge was 58 per 1,000 births, as usual much below the rate for the Great Towns (70), while the rural rate rose to 62 per 1,000 births.

The substantial progress made in the reduction of infant mortality in this County during the present century is shown by the following average annual rates during successive five-yearly periods:—

				<i>Deaths per 1,000 births.</i>
1899-1903	...	...	...	104
1904-1908	...	...	...	95
1909-1913	...	...	...	75
1914-1918	...	...	...	71
1919-1924	...	...	...	55
1925-1929	...	...	...	53

Comparison of the rate for 1925-1929 with that for 1899-1903 shows that the mortality has almost been halved. This reduction has resulted in the survival of 44 infants during each of the past five years who would have died if the death rate experienced in 1899-1903 had persisted at that level.

The more recent drop in infant mortality has naturally been at a slower rate than during the earlier years of improvement as the less difficult obstacles were more easily overcome, leaving those on which it is more difficult to make an impression. While, for example, there has been a marked improvement in mortality from diarrrhœal diseases, resulting from greater cleanliness and better informed methods of feeding, there has been practically no improvement since the War in the proportion borne by

deaths from general debility and premature birth, which are due largely to the condition of the mother's health during pregnancy and the early months following confinement. It is these conditions which account almost entirely for the higher death rate among infants in 1928 than in 1927, and they can only be efficiently combatted by improved ante-natal care of the mother and her own appreciation of its importance.

The following statement of deaths (approximate) per 1,000 births compares the mortality of legitimate and illegitimate infants during the year.

	<i>Legitimate.</i>		<i>Illegitimate.</i>	
	<i>Mortality</i>		<i>Mortality</i>	
	<i>Births.</i>	<i>Rate.</i>	<i>Births.</i>	<i>Rate.</i>
Cambridge Borough	745	49	32	156
Rural Districts ...	1079	60	51	98
Whole County ...	1824	56	83	120

The actual numbers of deaths of illegitimate infants were 5 in Cambridge and 5 in the Rural Districts, a total of 10 in the Administrative County, among 83 illegitimate infants born (Cambridge 32, Rural Districts 51). The mortality rate was high, but the numbers are small and the rate fluctuates from year to year. For the five immediately preceding years, 1923-1927, the annual average death rate among illegitimate infants was 80 per 1,000 born, compared with a rate of 50 per 1,000 among legitimate infants.

Maternal Mortality.—Deaths of mothers in connection with child-birth numbered 8, all in the Rural Districts. Of these, 5 were attributed to puerperal sepsis and 3 to other accidents and diseases of pregnancy and child-birth. The totals for the Administrative County in 1927 were sepsis 3, other accidents 3, total 6

The 5 notifications of puerperal sepsis were all from the Rural Districts. The 5 deaths registered from this cause (2 Cambridge, 3 Rural Districts) are equivalent to a mortality rate of 2.6 per 1,000 births, against 2.6 for the five years 1919-23 and 1.6 for the five years 1924-28. The deaths from causes other than sepsis were equivalent to a rate of 1.5 per 1,000 births, compared with 2.2 and 2.1 for the two previous five yearly periods.

Under the Puerperal Pyrexia Regulations, 1926, notifications of 19 cases were received, 10 in Cambridge and 9 in the rural area. Arrangements have been made by the Maternity and Child Welfare Authorities, the Town and County Councils, for bacteriological examination, expert clinical opinion, hospital treatment and nursing. In the rural area three consultations were arranged for.

Infectious Disease.—Although scarlet fever was more prevalent than usual the mortality was low. The most serious feature of the year was the high mortality rate from diphtheria. Influenza mortality was low and deaths from tuberculosis showed an encouraging decline. The low fatality from diarrhoeal diseases among young children is a satisfactory feature.

Small-pox.—One case was notified during the year, the patient being a casual who arrived at the Cambridge Poor Law Institution with the eruption out. He was removed to the isolation hospital and eventually recovered. All contacts were vaccinated and kept under observation, and no further cases occurred. The continued prevalence of a mild type of small-pox necessitates much vigilance, owing to the badly protected state of the population due to the neglect of vaccination. The Cambridge figures, for example, again show that only about one third of infants born are vaccinated, while the information which is received

almost daily giving particulars of cases of small-pox occurring in London and the adjoining Counties show an overwhelming proportion of unvaccinated persons among the sufferers.

Chicken-pox is compulsorily notifiable in the Caxton, Newmarket and Melbourn Rural Districts. All first cases of chicken-pox intimated by Teachers from the rural schools are verified by a medical practitioner.

Scarlet Fever.—Notifications received during the year numbered 350, compared with 265 in 1927. Of these, 193 were from Cambridge and 157 from the Rural Districts, where the greatest prevalence was in the Chesterton and Newmarket Rural Districts. The cases were consistently of a mild type. The Dick test has not been resorted to.

Altogether, 270 cases, 77 per cent. of those notified, were removed to various isolation hospitals. One death was registered in Cambridge and one in the Rural Districts. The mortality rate was thus 0.01 per 1,000 of the population, the same as for England and Wales, the case mortality being less than one per cent.

Diphtheria.—The position with regard to diphtheria was less satisfactory. Notifications numbered 198 against 104 in 1927. Of these, 141 were from Cambridge, and 57 from the Rural Districts. There were 21 deaths, 16 in Cambridge and 5 in the Rural Districts, the mortality rate for the whole Administrative County, 0.15 per 1,000, exceeding that for England and Wales (0.06). The rural rate (0.07) was slightly above this, and the Cambridge rate, 0.26, considerably exceeded that (0.09) for the Great Towns. The fatality rate for Cambridge, 11.2 per cent. of cases, was higher than for the three previous years, though below the average (13.9 per cent.) for the previous twenty-two

years. Twenty-six of the cases occurred in two institutions in the town.

Altogether, 188 cases, or 95 per cent. of those notified, were isolated in hospitals. Bacteriological diagnosis is in general use throughout the County, both by the Local Sanitary Authorities and the respective Education Authorities, swabs being taken during 1928 in Cambridge alone from 1,207 children. The Schick test was not employed during the year. Antitoxin is provided by the Local Sanitary Authorities.

Enteric and Paratyphoid Fever.—Thirteen notifications were received in 1928, 5 from Cambridge and 8 from the Rural Districts. No deaths occurred. Ten of the cases were diagnosed as paratyphoid, the infection in six being considered to have been derived outside the County. The incidence of true enteric fever has been very low for many years.

Diarrhæal Diseases.—Five deaths among children under two years of age occurred in Cambridge and 4 in the rural area, a total of 9 deaths. The death rates per 1,000 *births* were 4.7 for the Administrative County (England and Wales 7.0), 7.0 for Cambridge (Great Towns 9.6) and 3.5 for the rural area. As these deaths in young children are commonly attributable to infection of their food supply, especially milk, due to lack of cleanliness at some stage, it is satisfactory that the local rates have for some years been below those for the country generally. During the past five years the number of deaths from this cause per 1,000 births has averaged 2.0 annually against 9.7 in the five pre-War years 1910-1914.

Whooping Cough.—The number of deaths recorded was 5, of which one was in Cambridge and 4 were in the Rural

Districts. The mortality rate for the Administrative County was 0.04 per 1,000, that for England and Wales being 0.07, and for the Great Towns, 0.09. Nursing facilities are provided under the Maternity and Child Welfare schemes.

Measles.—No deaths occurred from this cause. For this disease also, nursing facilities are provided.

Acute Poliomyelitis (Infantile Paralysis).—Two notifications were received, both in the rural area. No cases were removed to hospital. One death was attributed to poliomyelitis in Cambridge.

Cerebro-spinal Meningitis.—No notifications were received, and one death from meningo-coccal meningitis was recorded in the Rural Districts. Consultant opinion and serum treatment are provided by the County Council under the Public Health (Cerebro-Spinal Fever) Regulations, 1918.

Encephalitis Lethargica.—Four notifications were received, 3 from Cambridge and one from the rural area. None were treated in hospital. Three deaths were recorded in Cambridge and one in the rural area, making a total of 33 deaths and 61 notifications since this disease became notifiable in 1919.

Ophthalmia Neonatorum.—Three notifications were received, two from Cambridge and one from the rural area. None of these cases are stated to have been admitted to hospital, and no loss of vision is recorded.

Pneumonia.—Deaths from this cause numbered 72, compared with 70 in 1927. Of these, 28 occurred in Cambridge and 44 in the rural area. The mortality rate for Cambridge was 0.46 per 1,000 living, for the rural area 0.60, and for the whole County 0.54 per 1,000.

The number of notifications of acute primary pneumonia and acute influenzal pneumonia received in Cambridge was 13, and in the rural area 39, a total of 52 for the Administrative County.

Cancer.—There were 246 deaths attributed to cancer, against 186 in 1927. Of these, 112 occurred in Cambridge and 134 in the rural area. The proportion of recorded deaths per 1,000 living was 1.84 in the Administrative County (1.44 in 1927), being identical in Cambridge and in the rural area, against 1.38 in Cambridge and 1.49 in the rural area in 1927. Although the rise in mortality is not as rapid as would appear from these figures, owing to there having been a recorded reduction in the previous year, it does mean that the steady rise in the mortality rate attributed to this cause is continued and is now 84 per cent. higher in proportion to the population than in 1900.

Influenza.—Deaths attributed to this cause in the Administrative County, which rose from 29 in 1926 to 116 in 1927, fell again to 29 in 1928 (Cambridge 12, Rural Districts 17), yielding mortality rates of 0.22 for the Administrative County, 0.19 for Cambridge, and 0.23 for the rural area. (England and Wales 0.19, Great Towns 0.17). Apart from the excessive mortality during the great epidemic of 1918, deaths from influenza have averaged 43 annually during the past twenty years, and the experience of 1928 was therefore a decidedly favourable one.

Pulmonary Tuberculosis.—The total number of pulmonary cases coming to knowledge during the year, whether by notification or otherwise, was 280.

The number of deaths registered from this cause was 89, against 108 in 1927. In Cambridge Borough there were 41 deaths, compared with 52 in 1927, the number of deaths registered in the rural area being 48, against 56 in the

previous year. The mortality rate per 1,000 living was 0.67 in both the urban and rural area, compared with 0.83 in the Administrative County, 0.88 in Cambridge, and 0.79 in the rural area in 1927, a year in which the increased death rate among the tubercular was probably due to influenza.

Deaths during the ten years 1919-1928 have averaged 93 per annum, compared with 116 during the ten pre-War years 1905-1914.

Tuberculosis of Other Organs.—Total cases coming to knowledge during the year, whether by notification or otherwise, numbered 86. The deaths numbered 15, against 23 in 1927. Of these, 8 occurred in Cambridge and 17 in the Rural Districts. The mortality rates per 1,000 living were as follows:—Administrative County 0.11 (0.18 in 1927), Cambridge 0.13 (0.12 in 1927), and Rural Districts 0.10 (0.22 in 1927). Deaths under this heading averaged 36 per annum from 1908-1914, against 20 per annum from 1902-1908.

During 1928 the total deaths in the Administrative County from tuberculosis of all organs numbered 104, of which 49 were recorded in Cambridge and 55 in the Rural Districts. These yield mortality rates of 0.78, 0.80, and 0.76 per 1,000. A comparison of the average number of deaths from tuberculosis of all organs during each of the nine years ending 1928 with the nine years 1906-1914, immediately before the War, shows an annual saving of 36 lives.

FRANK ROBINSON,

Medical Officer of Health.

County Hall,
Cambridge.

TABLE II.

VITAL STATISTICS OF COUNTY FOR 1928 AND PREVIOUS FIVE YEARS.

				<i>Births Nett.</i>		<i>Deaths Nett.</i>	
				<i>Under 1 year.</i>		<i>All ages.</i>	
				<i>Rate per</i>		<i>1000</i>	
	<i>Population.</i>	<i>No.</i>	<i>Rate.</i>	<i>No.</i>	<i>births.</i>	<i>No.</i>	<i>Rate.</i>
1923	*BR 129770	2140	16.5	110	51	1489	11.5
	†DR 129516						
1924	*BR 130070	1993	15.3	105	53	1609	12.4
	†DR 129800						
1925	*BR 129810	1944	14.3	99	51	1514	11.7
	†DR 129290						
1926	*BR 129020	1964	15.2	104	53	1522	11.8
	†DR 128470						
1927	*BR 129530	1883	14.5	97	52	1677	12.9
	†DR 129080						
1928	*BR 133510	1907	14.3	112	59	1584	11.9
	†DR 133300						

*BR indicates population for calculating Birth Rate.

†DR ,, ,, ,, ,, Death Rate.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1928.

CAUSES OF DEATH				AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.										
				Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	
ALL CAUSES	...	...	...	M	339	22	6	4	15	14	39	74	84	81	478	46	7	4	9	24	32	102	110	144
				F	328	20	1	7	13	9	22	73	76	107	438	24	4	2	10	19	33	97	98	151	
1 Enteric fever	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2 Small-pox	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Measles	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4 Scarlet fever	...	...	...	M	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping cough	...	...	...	M	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	3	1	1	1	—	—	—	—	—	—	
6 Diphtheria	...	...	...	M	6	1	—	—	5	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—
				F	10	—	—	4	6	—	—	—	—	—	3	—	—	—	3	—	—	—	—	—	
7 Influenza	...	...	...	M	5	—	—	—	—	1	1	—	2	1	6	—	—	1	—	—	—	—	—	—
				F	7	—	—	—	—	—	1	3	1	2	11	1	—	—	1	2	—	3	3	1	
8 Encephalitis lethargica	...	...	...	M	3	—	—	1	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Meningococcal meningitis	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	
10 Tuberculosis of respiratory system	...	...	...	M	29	1	1	—	—	4	13	8	2	—	26	—	1	—	—	6	8	8	3	—
				F	12	—	—	—	1	5	3	2	1	—	22	—	—	—	1	4	6	10	—	—	
11 Other tuberculous diseases	...	...	...	M	5	—	1	1	1	—	1	1	—	—	6	1	—	1	—	—	—	—	—	—
				F	3	—	—	—	2	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	
12 Cancer, malignant disease	...	...	...	M	51	—	—	—	—	1	2	13	25	10	72	1	—	—	1	—	2	31	25	12
				F	61	—	—	—	—	—	6	22	21	12	62	—	—	—	—	—	3	29	16	14	
13 Rheumatic fever	...	...	...	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
14 Diabetes	...	...	...	M	4	—	—	—	—	—	1	3	—	—	2	—	—	—	—	—	—	1	1	1
				F	4	—	—	1	—	—	—	1	1	1	6	—	—	—	1	—	1	2	2	14	
15 Cerebral hæmorrhage, &c.	...	...	...	M	22	—	—	—	—	—	1	5	7	9	20	—	—	—	—	—	—	2	4	9
				F	34	—	—	—	—	—	—	6	11	17	19	—	—	—	—	—	—	6	4	—	
16 Heart disease	...	...	...	M	46	—	—	—	—	—	4	14	17	11	69	—	—	—	—	2	2	15	19	31
				F	56	—	—	—	—	—	1	16	17	22	92	—	—	—	1	3	3	13	32	40	
17 Arterio-sclerosis	...	...	...	M	17	—	—	—	—	—	—	4	4	9	42	—	—	—	—	—	—	5	14	23
				F	11	—	—	—	—	—	—	4	4	3	34	—	—	—	—	—	—	2	10	22	
18 Bronchitis	...	...	...	M	9	—	—	—	—	—	—	—	2	7	19	1	1	—	—	—	—	2	4	11
				F	17	1	—	—	—	—	—	2	5	9	21	1	1	—	—	—	1	6	12	6	
19 Pneumonia (all forms)	...	...	...	M	19	2	1	—	—	—	3	3	4	6	29	7	2	1	2	—	1	6	4	6
				F	9	2	—	1	—	—	1	1	4	—	15	2	1	—	—	—	2	2	4	4	
20 Other respiratory diseases	...	...	...	M	4	—	—	—	—	1	—	1	1	1	6	—	—	—	—	—	2	1	2	1
				F	4	—	—	—	—	—	—	—	2	2	2	—	—	—	—	—	—	—	—	—	
21 Ulcer of stomach or duodenum	...	...	...	M	6	—	—	—	—	—	1	4	1	—	4	—	—	—	—	1	—	1	1	1
				F	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
22 Diarrhœa, &c.	...	...	...	M	2	—	2	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—
				F	4	3	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	
23 Appendicitis and typhlitis	...	...	...	M	2	—	—	—	—	—	1	—	—	—	6	—	—	—	—	2	3	1	—	—
				F	2	—	—	—	—	1	—	—	—	—	5	—	—	—	1	2	1	1	—	—	
24 Cirrhosis of liver	...	...	...	M	1	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—
				F	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	
25 Acute and chronic nephritis	...	...	...	M	12	—	—	—	1	—	2	4	5	—	12	—	—	—	—	1	2	2	4	3
				F	6	—	—	—	—	—	—	2	1	3	16	—	—	—	—	1	1	4	5	5	
26 Puerperal sepsis	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	2	—	—	—	—	—	2	—	—	—	3	—	—	—	—	1	2	—	—	—	
27 Other accidents and diseases of pregnancy and parturition	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	3	—	—	—	
28 Congenital debility and malformation, premature birth	...	...	...	M	12	12	—	—	—	—	—	—	—	—	28	28	—	—	—	—	—	—	—	—
				F	12	12	—	—	—	—	—	—	—	—	15	15	—	—	—	—	—	—	—	—	
29 Suicide	...	...	...	M	5	—	—	—	—	1	1	2	1	—	6	—	—	—	—	—	—	5	1	—
				F	6	—	—	—	—	1	4	1	—	—	4	—	—	—	—	1	1	2	—	—	
30 Other deaths from violence	...	...	...	M	14	—	1	1	2	4	2	2	1	1	24	—	1	1	—	4	6	7	4	1
				F	7	—	—	—	1	—	1	2	1	2	8	—	—	—	1	—	—	1	—	6	
31 Other defined diseases	...	...	...	M	64	5	—	1	4	2	6	8	12	26	88	4	1	—	3	6	3	15	17	39
				F	59	2	1	1	2	2	2	11	6	32	83	3	—	—	1	3	9	17	14	36	
32 Causes ill-defined or unknown	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	1	4	—	—	

TABLE III.

NOTIFICATIONS OF INFECTIOUS DISEASE RECEIVED DURING THE
YEAR 1928.

	Cambridge.	Caxton and Arrington.	Chesterton.	Linton.	Melbourn.	Newmarket.	Swavesey.	Total.	Admitted to Hospital.	Died.
Small-pox ...	1	—	—	—	—	—	—	1	1	—
Diphtheria ...	141	11	25	11	6	4	—	198	188	21
Scarlet Fever...	193	17	51	12	2	68	7	350	270	2
Enteric Fever	5	4	1	—	1	2	—	13	6	—
Puerperal Fever	—	—	2	—	—	2	1	5	3	5
Puerperal										
Pyrexia	10	2	3	1	—	3	—	19	—	—
Pneumonia ...	13	8	13	—	—	18	—	52	2	72
Erysipelas ...	18	—	11	2	1	8	—	40	3	—
Encephalitis										
Lethargica	3	—	—	—	—	1	—	4	—	4
Cerebro-Spinal										
Meningitis	—	—	—	—	—	—	—	—	—	*1
Acute										
Poliomyelitis	2	—	—	—	—	—	—	2	—	1
Ophthalmia										
Neonatorum	2	—	1	—	—	—	—	3	—	—
Tuberculosis:										
Pulmonary ...	—	—	—	—	—	—	—	249	—	89
Non-Pulmonary	—	—	—	—	—	—	—	68	—	15

*Meningo-coccal Meningitis,





